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**FACSIMILE TRANSMISSION**

DATE: April 21, 2006

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Name	Fax Number	Phone Number
Examiner Daniel I. Walsh - U.S. Patent and Trademark Office	571-273-8300	571-272-2800

FROM: Kirk Dorius

PHONE: 602-382-6544

RE:

MESSAGE:

Attached is the Amendment and Reply to Office Action dated January 27, 2006 and Terminal Disclaimer for Serial No. 10/708,828

ORIGINAL DOCUMENT: Will not be sent

NUMBER OF PAGES (Including Cover):

CONFIRMATION NO.:

CLIENT MATTER NO.: 60655.9100

PLEASE RETURN TO: S.Bowman/16S02

PERSONAL FAX: No

REQUESTOR: Kirk Dorius

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PAGE 1/19 \* RCVD AT 4/21/2006 6:54:18 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/21 \* DNIS:2738300 \* CSID:602 382 6070 \* DURATION (mm-ss):05-34

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/708,828
	Filing Date	March 26, 2004
	First Named Inventor	David S. Bonalle, et al.
	Art Unit	2876
	Examiner Name	Daniel L. Walsh
Total Number of Pages in This Submission	Attorney Docket Number	00055.9100

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SNELL & WILMER LLP, 400 East Van Buren, Phoenix, Arizona 85004-2202		
Signature	<i>Kirk Dorius</i>		
Printed name	Kirk Dorius		
Date	April 21, 2006	Reg. No.	54,073

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Sheila Bowman</i>		
Typed or printed name	Sheila Bowman	Date	April 21, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
430.00**Complete If Known**

Application Number	10/708,828
Filing Date	March 26, 2004
First Named Inventor	David S. Bonalle, et al.
Examiner Name	Daniel I. Walsh
Art Unit	2876
Attorney Docket No.	60655.9100

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 19-2814 Deposit Account Name: Snell & Wilmer LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☒ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
46	- 20 or HP = 6	x 50 =	\$300.00

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
3	- 3 or HP = 0	x 0 =	0

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (c.g., late filing surcharge): Terminal Disclaimer

Fees Paid (\$)

\$130.00

**SUBMITTED BY**

Signature	<i>Kirk Dorius</i>	Registration No. (Attorney/Agent)	54,073	Telephone (602) 382-6544
Name (Print/Type)	Kirk Dorius			Date April 21, 2006

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